



UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

Jeffrey Hardie

(Name of Plaintiff)

vs.

Superintendent

Nisqually Corrections

(Names of Defendant(s))

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner?:

Yes No

B. If your answer to A is yes, how many?: _____ . Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: _____

Defendants: _____

2. Court (give name of District): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?):

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure available at this institution? Yes No

B. Have you filed any grievances concerning the *facts* relating to this complaint?
 Yes No

If your answer is NO, explain why not:

No Grievance was supplied upon Request

C. Is the grievance process completed? Yes No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

A. Name of Plaintiff: Jeffrey Hardie Inmate No.: 2014345017

Address: 5990 Soundview DR # 202 Gig Harbor WA 98335

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant: Superintendent Official Position: Superintendent

Place of employment: Nisqually Corrections Nisqually WA

C. Additional defendants DR Shue, John and Jane Doe
Correction officers Nasqually CORR.

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

I was booked into Nisqually Corrections on App. Oct 5 2015 upon booking there was no booking nurse to access medical needs and very few and ordered appropriate medications for seizure disorder, pain, Anxiety and depression medications. I was seen by DR Shue myself & DR Nisqually Corr. on 10-6-12 was examined. I gave information of medications and DR Alan Lowinsky Harbor View also outpatient outpatient Pharmacy also DR Jeffrey Hooper CIG Harbor Community Care. Also Olympic Primary Ctg Harbor WA. He forced to contact either upon my signing releases of information. I was then seen on 11/1 by Jane Doe PA who confirmed medications and ordered only a small portion of seizure medication my pain and mental health medications. It took 2 more days to receive any meds. I suffered pain and suffering several seizures and my mental health was greatly impaired. I suffered several seizures during the period of time including a Grand mal and paramedics had to be dispatched to access after the incident I was placed in admission supervision without running water was denied medical care, clothing, matress or bedding. There was also human feces on the walls

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

Compensation for mental anguish - also
pain and suffering and Being confined
in A unsanitary environment
In A undesignated Amount

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5th day of February 20 15.

Jeffrey Hardie
(Signature of Plaintiff)